

An account of the origin, symptoms, and cure of the influenza or epidemic catarrh : with some hints respecting common colds and incipient pulmonary consumption.

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Philadelphia : H.H. Porter, 1832.

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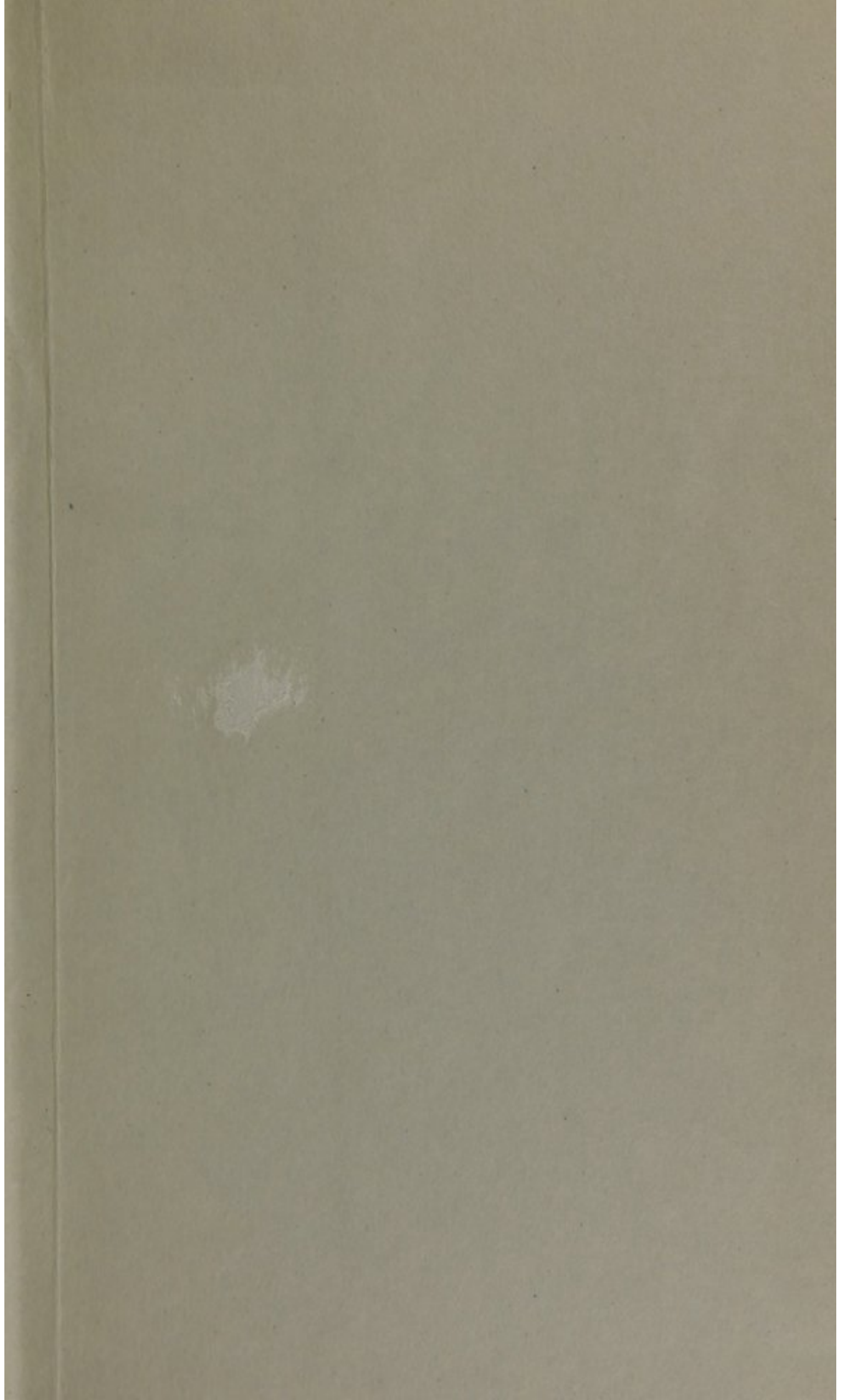
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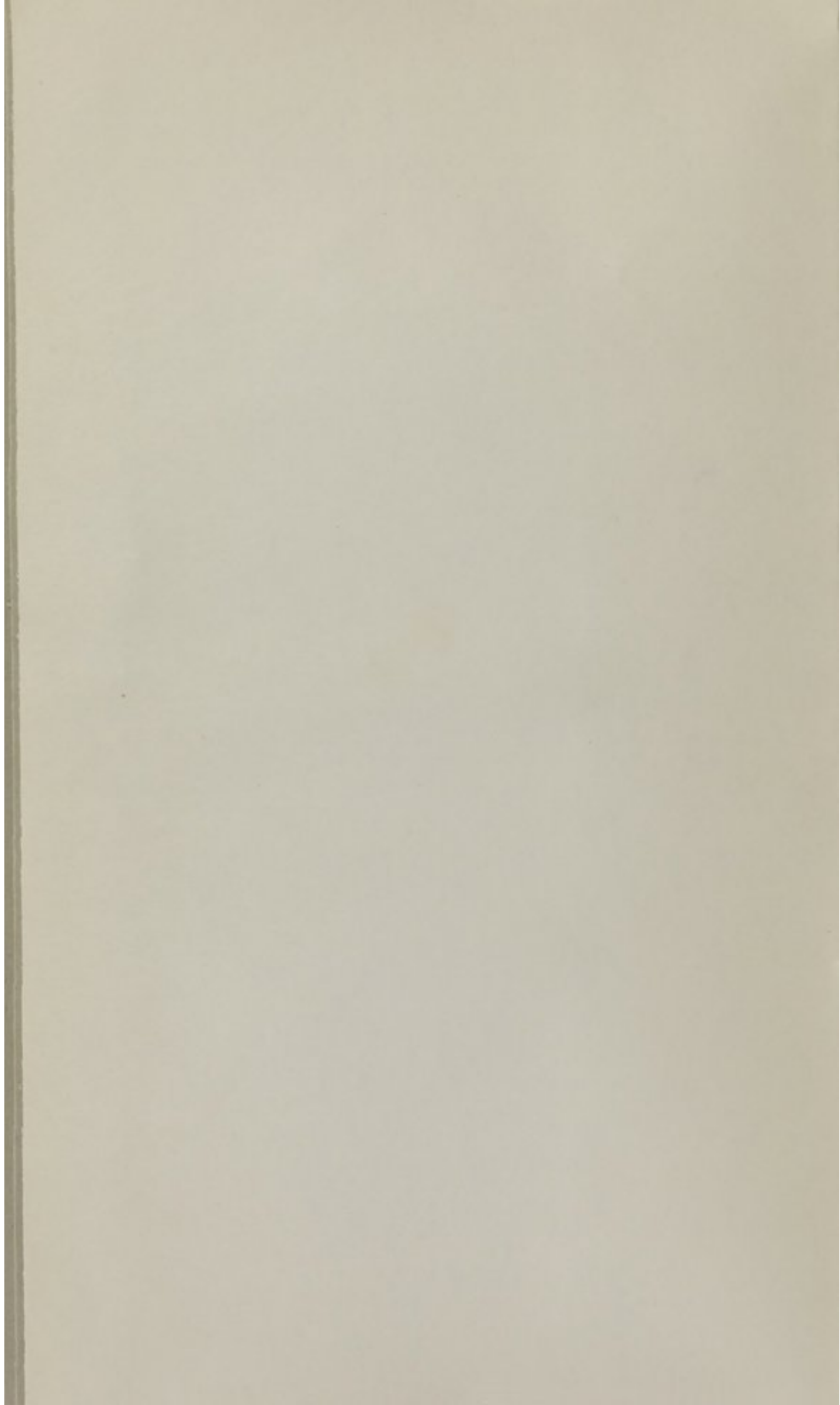


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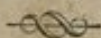
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JAMES THACHER, M. D.

Author of various medical and historical
works.

After hastily examining the contents of
this work, I feel entire freedom to recom-
mend it as deserving the patronage of the
public. I have found it replete with sound
and valuable instruction, on the subject of
Health, conveyed in a style so familiar and
perspicuous, as to be readily understood by
the class of readers for whom it is profes-
sedly intended.

THOMAS HARRIS, M. D.

Surgeon in the U. S. Navy; Lecturer on
Operative Surgery, and one of the Sur-
geons of the Pennsylvania Hospital.

Extract of a letter from the Hon. James
Kent, late Chancellor of the state of New
York, dated May 12, 1831:—"I have read
through your Catechism of Health, and I
think it is a code of admirable precepts and
advice, which ought to be early and deeply
impressed on the minds of the rising gen-
eration."

Extract from a letter addressed to the
publisher of the Catechism of Health, by
Professor Moses Stuart, of Andover, Mass.:
—"I wish that every man, woman and
child in our land, would study this Cate-
chism, imbibe its spirit, and practice its
principles. It is a book especially entitled
to the notice and patronage of all. Such
as are entrusted with the care and educa-
tion of youth; and most persons, of mature
years, will find in it much that is instructive

and useful, in respect to the important subject of preserving health."

This Catechism contains few, if any direction, which have not been supported by the experience of ages. If it should be generally read, as an English Class Book, in common and higher schools, it would be likely to imbue millions with practical wisdom, and would do much to promote the bodily and mental vigour of future generations.

EZRA STILES ELY, D. D.

Pastor of the Third Presbyterian Church, and Editor of the Philadelphian.



On the Second Wednesday of September, 1831, was published, No. 1, of the 3d Volume of the

JOURNAL OF HEALTH,

In addition to the various topics connected with the Preservation of Health, and promotion of Temperance, it is proposed, in the present vol. to enter fully into the subject of *Physiology*, or an account of the structure and functions of the various organs of the system; of *Public Hygiene*, or the means by which the health of cities and communities is preserved:—This will of course include a consideration of Climate, Localities, and the causes of Epidemics, the Construction of Dwellings, the Establishment of Gymnasias and Public Baths, and of *Medical Police*. A due attention will also be paid to Medical Jurisprudence, or the means of distinguishing accidental deaths from those caused by the wilful infliction of injuries, or the administration of Poisons. The health of Mechanics and Manufacturers, will likewise not be neglected.

TERMS—A Number of 16 8vo. pages, is issued on the 2d and 4th Wednesday of every month, price \$1 25 cents per annum, payable in advance. The postage on the Journal of Health is the same as that on newspapers.

RECOMMENDATIONS.

I have read with much pleasure the first eight numbers of a publication entitled the Journal of Health. The manner in which it is conducted, the principles which it inculcates, and the style in which they are conveyed, in my opinion, entitle that work to public confidence, while it remains in the hands of its present Editors.

DAVID HOSACK, M. D.

Professor of the Institutes and Practice of Medicine in Rutgers's College, New York.
January 14, 1830.

I have also read the numbers already issued of the above mentioned publication,

and unite in approving both of its object and execution.

JAMES MILNOR,

Rector of St. George's Church, N. York.

January 15, 1830.

I cheerfully concur in opinion with the two preceding gentlemen.

VALENTINE MOTT, M. D.

Professor of Surgery.

We are much pleased with the design and execution of the Journal of Health. The Editors wisely abstain from the discussion of technical medicine, which can never be profitably entered into except by the faculty. But the principles for the regulation and preservation of Health may be easily divested of all terms of art, and the Disciples of Hygeia need repair to those of Apollo only when they have violated their own precepts. We wish the Journal every success in the dispersion of those principles, by which it has thus far been characterized, which coincide in the main, with the efforts and wishes of every well-disposed citizen.

JOHN W. FRANCIS, M. D.

Professor of Obstetrics and Forensic Medicine, Rutgers's College, New York.

I have perused some of the numbers of the "Journal of Health," and while I am far from being a competent judge of its merits, have been instructed and gratified by what I have read. Such a work, it appears to me, in the hands of able conductors, might be exceedingly useful; and especially, if it should aim at promoting a good moral influence.

GARDINER SPRING.

New York, January 15, 1830.

After an examination of the first six numbers of the Journal of Health, it gives me pleasure to express my favourable opinion of it, and my wish to see it extensively circulated.

J. F. SCHROEDER,

An Assistant Minister of Trinity Church, New York.

January 18th, 1830.

New York, January 15th, 1830.

I have read some of the numbers of the Journal of Health, with great pleasure. To me it appears to be judiciously conducted; and I have no hesitation in saying, that in a moral point of view it will be eminently useful. Of its correctness and utility, as a Medical Treatise, I am not sufficiently qualified to venture an opinion. As far as regards myself, I am pleased with it.

JNO. POWER,

Rector of the Cathedral, and Vicar-General of the Diocese of New York.

New York, January 21, 1830.

Judging from the first nine numbers of the Journal of Health, I have formed a very favourable opinion of its utility, as a popular work; and cheerfully recommend it to the patronage of the public.

ALEX. H. STEVENS, M. D.

Professor of Surgery in the College of Physicians and Surgeons of New York.

I have read with much interest the first nine numbers of the Journal of Health, and it gives me pleasure to say, that, in my opinion, it possesses more merit, and is better calculated to enlighten the public mind on the subject of health, without the hazard of inculcating error, than any popular work I have seen on the subject of Medicine.

A. W. IVES, M. D.

New York, Park Place, Jan. 11, 1830.

We approve of the plan on which the publication, entitled the "JOURNAL OF HEALTH," is conducted, and believe that it is calculated to be useful, by enlightening public opinion on a subject of high importance to the welfare of society. The numbers which have appeared, evince talent, and may be viewed as a pledge of the continued usefulness of the publication, while conducted by its present editors. We, therefore, feel no hesitation in recommending it to public patronage.

Philadelphia, Oct. 13, 1829.

N. Chapman, M. D.
Wm. P. Dewees, M. D.
Thomas C. James, M. D.
Wm. E. Horner, M. D. } *Professors in the*
University of
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John C. Otto, M. D.
Thomas T. Hewson, M. D.
Franklin Bache, M. D.

Rev. James Montgomery, D. D. Rector of St. Stephen's Church.

William H. De Lancey, D. D. Provost of the University of Pennsylvania.

B. B. Smith, Editor of the Philadelphia Recorder, and Rector of Grace Church.

G. T. Bedell, Rector of St. Andrew's Church.

James Abercrombie, D. D. Assistant Minister of Christ Church and St. Peter's.
George Weller.

Jackson Kemper, D. D. Assistant Minister of Christ Church and St. Peter's.

Thomas H. Skinner, D. D. Pastor of the Fifth Presbyterian Church.

Wm. M. Engles, Pastor of the Seventh Presbyterian Church.

John Hughes, Pastor of St. Joseph's Catholic Church.

Michael Hurley, Pastor of St. Augustine Catholic Church.

Wm. H. Furness, Pastor of the First Congregational Church.

W. T. Brantley, Pastor of the First Baptist Church and Editor of the *Columbian Star.*

John L. Dagg, Pastor of the Fifth Baptist Church.

Solomon Higgins, Pastor of the Methodist Episcopal Union Church.

Manning Force, Pastor of St. George's Methodist Episcopal Church.

Plymouth, March 17, 1830.

Gentlemen,—This work is in my opinion fraught with interest to the community at large, as well as to families and individuals. It is well calculated to carry important information into the domestic circle, where it must prove of the greatest utility. It disseminates a species of knowledge of daily application in domestic life, which can seldom be derived from any other source. The work is well adapted to the benevolent purpose of warning parents and other individuals against the dangerous consequences resulting from the use of ponderous medicine in family practice, without medical advice. It will, I hope and trust, have a salutary tendency to guard the public against the horrid evils of empirical practice, charlatany, and nostrum vending. In fact, I consider the Journal of Health, a work of considerable merit, honourable to the benevolent association by whom it is conducted, and deserving of the applause of the public. I shall take pleasure in promoting its diffusion in this quarter, by making extracts from it for our newspapers.

JAMES THACHER, M. D.

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The Journal of Health is a semi-monthly

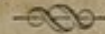
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The *Almanac* is compiled with judgment and taste, and contains a variety of interesting articles of permanent value.

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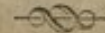
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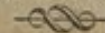
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AN ACCOUNT
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OF THE
INFLUENZA
OR
EPIDEMIC CATARRH;
WITH SOME HINTS RESPECTING
COMMON COLDS
AND
INCIPIENT PULMONARY CONSUMPTION.

PHILADELPHIA:

HENRY H. PORTER, PUBLISHER.

Literary Rooms, 121 Chesnut St.

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1832.

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ON THE
INFLUENZA, &c.

✓ It has been well remarked by a celebrated writer,* that "to make any thing very terrible, obscurity seems, in general, to be necessary. When we know the full extent of any danger, when we can accustom our eyes to it, a great deal of the apprehension vanishes." × This sentiment finds ample confirmation in the history of epidemic diseases. On their first appearance they create great dread among the people at large, who making fear a guide to ignorance, anticipate the most frightful consequences from a disease, merely because its origin and nature are unknown to them. × And yet, as if to illustrate another principle of human nature, that novelty, just enough to excite curiosity, is always preferred to known and appreciable facts, people seem averse to engage in that patient inquiry which would lead them to a true knowledge of epidemic diseases, and which, by enabling

* Burke.

them to discover the means of prevention and cure, would free them from the terrors its first appearance had inspired. It would seem as if excitement of the feelings even of a morbid nature were preferred to the healthy exercise of intellect. X Obscurity affects the passions: clearness and demonstrative knowledge afford them no aliment; but create simply an intellectual pleasure, and that one of a secondary nature to mankind in general. If there be an apparent exception to this principle, it proceeds from another cause, viz. the effects of habit. People may, after a time, cease to dread an epidemic disease, because they have in a manner become familiarized with its leading features; but let there be any notable change in them and their alarm is renewed. So long as they are ignorant, they are swayed by contending emotions and driven to a course of conduct as absurdly timid in the first instance, as it is criminally indifferent and heedless in the second.

Even if explanations are offered, those which excite wonderment; and continually work on their fears, are preferred by the people at large to those which are based upon the known and admitted laws of experimental philosophy. When Fracastrius, physician to the council of Trent, was persuaded to frighten the prelates composing it, in order to have their sit-

tings removed to Bologna, under the papal jurisdiction, he proclaimed the disease at that time prevailing, to be contagious ; and among other wonderful tales, he told of a leather cap, which was the bearer of a contagious principle, and which worn by twenty-five Germans in succession, caused the death of each. So again, the marvellous account of the origin of the plague, which ravaged Malta in 1813, met with more ready credence than a more natural and common explanation would have done. It was said that the disease was introduced into the chief city of that island by means of a piece of morocco leather, which a cobbler had smuggled on shore, by the agency of a friend, from on board a vessel in the harbour.

On this principle of a love of the marvellous, the ancients supposed the visitation of an epidemic disease, to be the infliction of punishment by some one of their offended deities ; and hence the advice as we find it in the *Iliad* :

“ Let then some Prophet, or some sacred sage,
Explore the cause of great Apollo's rage;
If broken vows the heavy curse have laid,
Let altars smoke and hecatombs be paid:
So, Heaven aton'd, shall dying Greece restore,
And Phœbus dart his burning shafts no more.”

The Turk prays to Mohamed and resigns himself to disease without enquiry, not caring whence it originates nor how it may be arrested in its course, or mitigated in its severity. The Franks, or people of Christendom, and we may add the inhabitants of the United States, while pitying the ignorance and apathy of the Turks, plume themselves on their superior science and knowledge in devising and carrying into effect a system of quarantine regulations, and restrictive sanitary laws. Perhaps, were a rigid analysis to be made of the true value of these regulations, we should find them to be rather a display of learned folly than of real wisdom; and that men submit to the onerous restrictions which they impose, more on account of the mummerly which is called into action on the occasion, than from any real conviction of their utility. Reliance on them leads, we believe, to an apathy more philosophical in theory, but fully as dangerous in fact as the Turk's fatalism.

After all, when we consider the extensive spread and rapid progress of epidemical diseases, and the very great mortality with which many of them are attended, it must still seem surprising that so little desire should be exhibited by those out of the medical profession to become acquainted with the history of their origin and propa-

gation. The whole of these diseases, however varied may be the character they assume, or the danger by which they are attended, present a close relation to each other, in the circumstances of their sudden appearance, often after seasons of uncommon health, in their rapidly sweeping over a large tract of country, if not the entire surface of the globe, and finally, in the suddenness of their cessation. As we are unable to ascertain *à priori*, the period or point of their attack, any more than the limits at which their progress shall be stayed, few subjects present themselves of greater interest to the community at large. Every member of it is liable, sooner or later, to become their victim, and hence, a knowledge of their nature and of the phenomena by which they are preceded and accompanied, is to all, of the very first importance.

An acquaintance with the principal facts connected with the rise and spread of epidemics, is not only necessary as a means of promoting personal security and comfort during their visitations; but it is also essential for the direction of those, who in their legislative capacity, are called upon to devise measures calculated to inspire confidence in the public, and to guard effectually against the invasion of disease. Ignorance in this particular has given rise to bur-

thensome and unnecessary restrictions upon the freedom of commercial intercourse between nations, and to the imposition of long and vexatious quarantines, by which the interests of all parties have been materially affected. The same ignorance and the fears which it engenders have, in private life, increased the number of victims to the reigning malady, and augmented to the highest degree the danger, privations and sufferings of the sick. These causes have, in times of general distress, such as always attends the general prevalence of severe disease, rendered torpid the charities of our nature, and led to a disregard of the most solemn duties of life.

“Dependants, friends, relations, love itself
 Forget the tender tie, ——
 The sweet endearments of the feeling heart.”

Self-preservation from imaginary dangers engrosses every thought, while the sick, the dying, and the dead, are alike subject to desertion. A very slight attention given to the study of epidemics and to the general laws by which they are governed, would banish from our statute books, enactments which in the present enlightened age, reflect not a little discredit upon the nation by which they are upheld, and would render every one in those periods of universal gloom,

when our cities become literally the dwelling places of pestilence and death, capable of forming a correct estimate of his own danger, and of performing without fear, the duties which he owes as well to those of his own household as to the community at large.

But it is not our intention in the present essay to enter upon the general subject of epidemics. We propose merely to give a short history of the influenza or epidemical catarrh, which during the present winter, has spread so extensively over nearly the whole of the United States; to describe its symptoms, and to offer a few remarks upon its proper treatment.

The influenza presents a most striking illustration of what is meant by an epidemical disease, while the phenomena connected with it, place in a very clear light the difference which exists between a disease dependent solely upon some general morbid cause, to which all are equally exposed, and one which is propagated by a contagion communicated from one individual to another, or which being produced by some local cause, affects those only who come within the narrow limits to which this cause is capable of extending itself.

We shall at the same time take occasion to direct the attention of our readers to the following points: 1st. The illustration which this catarrh affords of an

epidemical, in contrast with a contagious disease. 2d. The precautions which it is proper to adopt under the circumstances—precautions, by the way, which will be found useful beyond the present season, and long after the present livery of disease shall be changed.

Except in its greater diffusion, and attacking at the same time such a number of persons, scattered over a vast extent of country, the influenza exhibits no symptom nor set of symptoms, distinct from common catarrh, or a cold, as it is called in popular language, unless, perhaps we admit a greater tendency to gastric distress, and occasionally disturbances of the biliary organs. Of its depending on the state of the air, we are not allowed to doubt; since this is the only common agent or cause to which people otherwise so differently circumstanced are exposed. The disease cannot have a local or terrestrial origin; otherwise we should find it in particular districts and exposures, to the exclusion of others. It is, therefore, strictly epidemical; that is, it attacks a great number of persons at the same time, and extends over a whole country. It is not endemical, since it has not a fixed or stated cause, peculiar to the country. Nor does it remain without change or variation for many years, or for a particular season in

many years; as in the examples of remittent and intermittent, or of yellow fevers. The disease in question, or the influenza, is not contagious; for although it is common for members of the same family to be attacked by it in succession; at other times they are simultaneously affected, or in such rapid succession as to forbid the supposition of one person communicating the disease to another. Sometimes all the members except one in a family are assailed; sometimes one alone is affected, and the others enjoy exemption from its attack. A contagious disease, on the other hand, can have but one specific origin, viz. the application of the morbid matter to the living body; it is nearly uniform in its symptoms and progress, attacking always the same order of parts, and in a certain mode of progression. Its operation may be quickened by other causes; but no one or all of them can produce it, unless the specific cause or morbid matter be applied,—as of small-pox, &c.

Of all the known epidemics, the influenza is the one which extends itself the most quickly and to the greatest extent. In all its various visitations it has either occurred simultaneously over a whole continent, or has spread with an amazing rapidity from one country to another, until finally every portion of the habitable globe is included in its circuit. Passing

the widest seas, it has attacked the inhabitants of opposite continents, who had not the slightest intercourse with each other. Its effects have also been traced at sea as well as upon land. At the same time that the inhabitants of the country from which he has sailed, or to which he is destined, are attacked with the disease, the sailor in the midst of the ocean, thousands of miles from any shore, feels its influence.

In 1782, the fleet of Lord Anson sailed for the coast of Holland, and that of Admiral Kempenfelt for France. The crews of both fleets were in perfect health at the time of sailing, but in the same month, almost in the same week, both were attacked very generally with the influenza, so much so that the latter fleet was obliged to return home for want of hands to man it.

Analogous examples of the extent and sameness of atmospheric constitution, are furnished in other epidemics. At Malta and at Wallachia, in the northern part of Turkey, in 1813, the plague began, increased, declined, and ceased, at similar periods; the former having police and quarantine establishments of the most perfect kind, and the latter none. The greatest mortality occurred at both places in the months of July, August, and September. And it

may be mentioned here, as a remarkable circumstance, concerning the epidemic (yellow fever,) of Spain in 1804, that in three of the principal towns, Cadiz, Gibraltar, and Alicant, the greatest mortality happened upon the same day, viz. the 9th of October.

In 1781 and '82, the influenza appears to have shewn itself first in China, and to have spread through Asia into Europe, from whence, crossing the Atlantic, it extended itself, in the ensuing year, to America, the whole continent of which it traversed, from the Canadas to Peru, illustrating another observation respecting epidemics, that in countries subject to them, the vitiated atmosphere is often in an ascertained direction. The fever which in 1809, 1810, and 1811, afflicted the districts adjacent to the Pylney mountains in the East Indies, travelled with a certain degree of regularity in one quarter from north to south, and in another quarter from south to north.

In its several visitations in this country the epidemic has generally made its appearance in one of the eastern states, and has extended southward along the sea board with more or less rapidity. In 1807, however, it appears to have shewn itself first in New York, spreading thence, as from a centre, in every direction. It reached Canada in October, and ex-

tended to the western and southern states, and even to Havanna, in the course of three months. The amazing rapidity with which it diffused itself over the whole country, resembled more the fleetness of the wind than the natural course of a disease; almost the entire population of a city, town, or neighbourhood, became in a few days subjected to its influence; and as it seldom incapacitated those affected by it from pursuing their ordinary occupations, it was common to observe in every street and place of resort, such coughing, hawking, and wheezing, as to interrupt conversation; while in public assemblies the voice of the speaker, itself scarcely audible from the hoarseness produced by disease, was completely drowned by the coughing concert kept up by his auditory. In its occurrence during the present winter, nearly the same phenomena have been observed; very shortly after it made its first appearance in Philadelphia, most of the inhabitants of the city and surrounding country, were affected by it to a greater or less extent, while subsequently it has attacked the inhabitants of nearly every part of the United States. Some months previously to its appearance here, it prevailed extensively in a very severe form in London and various other parts of England.

Some idea of the quickness with which the disease

extends itself from place to place; may be formed from the foregoing statements, and the following additional facts.

In 1732, the influenza made its appearance in Edinburgh, about the 17th of December, having previously been epidemic in Saxony, Hanover, and the neighbouring states of Germany in the month of November.

In 1733, it commenced at London and in Flanders during the first week of January; at Paris, about the middle of the same month, and in Ireland, towards its termination; at Leghorn, about the middle of February, and at Naples and Madrid, near the end of the month. This same year it made its appearance in America, about the middle of October, being, as usual, first observed in the New England states. It was soon afterwards prevalent in the islands of Barbadoes and Jamaica, and in a few months is said to have extended to Mexico, and to Peru.

In 1789, the influenza made its appearance first in New-York, in the month of September, and was prevalent during the same month in Philadelphia; soon after, it spread over the whole of the eastern and southern states, and to the army in the north-western territory, under the command of General Wayne.

The first appearance of the disease in the island of Jamaica was, on the 20th of October, about one month after its occurrence in Philadelphia. At Grenada it appeared in November, and at St. Lucia, towards the close of December. But it is not necessary to pursue these details; all that we wish to impress upon the reader's mind, is the celerity with which the disease spreads itself over immense tracts of country. This, and the simultaneousness with which the greater part of an immense population experience its effects, are the striking features which distinguish it from endemical diseases, or those which are confined exclusively to the inhabitants of particular districts. These diseases are, very generally, traceable to some local cause, connected either with the soil, the prevalent winds, or exposure from the occupations and habits of the people. But endemical maladies again, are not, as we have already said, to be confounded with contagious ones, or those communicated from the sick to those who come in immediate contact with them. The former may, it is true, affect at once all who come within the sphere of the morbid influence upon which they depend. Unlike epidemics, they are never, however, widely spread; and never extend to the neighbouring places much less to distant countries; though they may be

generated at various points, provided the same morbid cause be present there.

Contagious diseases, are still more limited in their spread. They invariably commence at one or two points, and are slowly diffused among the community by means of persons actually attacked, and who sicken in succession after the contact or touch of the healthy with the diseased. The contagion is active only within a few feet of the individual in whom it is evolved, beyond that, it is perfectly inert. When diseases of this class are propagated to distant parts, it is always by the removal thence of an individual labouring at the time under the disease; or by the conveyance of the poison, as in the case of small-pox virus, which may be occasionally effected by its being combined with clothing or articles of merchandize; though few contagious diseases, are, we believe, capable of being conveyed to any distance in this manner. The decomposition which the poison undergoes, unless care be purposely taken to prevent it, renders it in a very short time incapable of communicating disease.

We then find, that in the case of endemical maladies they may be effectually avoided by removal to a short distance from the infected district, and may

often be completely eradicated by removing the local causes to which they owe their origin; and in case of diseases strictly contagious, avoiding contact with the sick, or the chambers in which they are confined, is an effectual security against their attack. These latter, may, likewise, be effectually excluded from a city by preventing the admission of persons labouring under them, or of merchandize and articles which may be suspected to be imbued with the matter of contagion. But none of these facts are true in relation to epidemics. Flying from the place where they now prevail may postpone, but will not certainly prevent their attack. Thus had any one, in order to escape the influenza in the present year, quitted London, during its prevalence there in the autumn, for New-York or Philadelphia, he would have found that the disease had preceded him, and if he took up the line of march until he had encompassed the globe, in all probability, he would find no greater safety. So also, in regard to a system of non-intercourse, or of quarantine regulations, the most strictly enforced, either or both would be perfectly ineffectual in keeping out the unwelcome visiter.

The influenza has been noticed by medical writers, from a very early period, though from some

trifling variations in the symptoms by which it was accompanied at different times, it has received a variety of names. From the time of Hippocrates to that of Sydenham, who wrote in the latter part of the seventeenth century, it was generally denominated by physicians, the epidemic cough, or the epidemic catarrhal fever. The term *influenza*, by which it is now so generally known, was appropriated to it by the Italian Physicians, from a supposition that it owed its origin to planetary influence.

The disease has occurred and spread over nearly the whole of Europe upwards of twenty different times, between the years 1510 and 1826. In America, the disease is known to have occurred as early as 1674, and it was again epidemic in New England in June of the succeeding year; while in the years 1733, 49, 61, 89, 90, 91, and 93, and in 1802, 3, 7, 16, and 26, it extended over the greater part of North America.

Although the influenza, like other catarrhal affections, has occurred most frequently towards the latter end of autumn, during the winter or in spring, some of its visitations have nevertheless happened during midsummer. Its ordinary course has been from north to south, though occasionally it has spread from east

to west, and vice versa. Its continuance in one place has varied from a few weeks to several months. It has been said that the same individual is not liable to be twice attacked with it during the same epidemic; this, however, is incorrect, as we have known in many instances a decided attack to recur.

Dr. Parr describes the influenza, which was so prevalent in Great Britain in 1782, to have commenced in Exeter, the place of his residence, the 22d or 23d of May, and continued until the 14th of July. Such excessive minuteness, by the way, respecting the invasion of a disease like the one in question, may lead to suspicions of its accuracy.

In regard to the precise nature of the cause by which the influenza is caused and propogated, there exists much obscurity. Epidemics have elicited a very great deal of attention from the first dawn of medical science up to the present period; the phenomena by which they are preceded and accompanied, have been noted with more or less care and minuteness; the laws which govern their rise and extension, are by many supposed to be accurately ascertained, but into their efficient cause no one has as yet been able to penetrate. The influence of the moon and the other planets has been referred to as explanatory of their

production by some; meteoric causes and terrestrial exhalations by others; electricity by a third; while a fourth, and large class, believe them all to be dependent upon some occult change in the constitution of the atmosphere, inscrutable to our senses, and totally inexplicable in the present state of our knowledge. In reference to the epidemic under consideration, Weber, a German physician of some note, believes that he has traced its production to a state of negative electricity in the air, and in accordance with this belief, he recommends the whimsical expedient of socks to the feet, composed of the most powerful non-conductors, as a certain preventive against its attack.

In support of the belief in the agency of electricity in causing epidemics, we are told that they have often immediately preceded or followed earthquakes, to the production of which, great electrical changes in our globe and the circumambient air, do we know, largely contribute. The great earthquake in South America, in 1730, was soon succeeded by a pestilential fever. The destruction of Port Royal in Jamaica, in 1692, was, also, soon followed by a virulent fever in all parts of the island. At Venice, in 1343, the plague was speedily followed by an earthquake. Confirmatory of the supposition of

abnormal electrical changes in the atmosphere, during pestilential periods, are the appearances of meteors or celestial lights, in the shape of blueish fiery globes, falling stars, flame, &c.

Each of the foregoing explanations of the productions of epidemics, is supported by many highly ingenious arguments; but however much of plausibility we may be inclined to allow to many of them, they all completely fail in explaining satisfactorily the occurrence, spread, extent, and sudden cessation, of this class of diseases.

When we consider the peculiar features of the epidemical catarrh, as they have already been described,—its simultaneous occurrence in places widely separated from each other; the number of persons attacked by it at one and the same time; its quick extension from one country to another, they all prove, we conceive, very clearly, that it depends for its origin in the first instance, as well as for its subsequent propagation, upon some cause connected with the atmosphere. It is evident that the disease must depend upon something which is common to an entire population, or to an entire continent, and we know of nothing that is so, save the air we breathe. We are not all exposed at the same time to other causes, which might be presumed sufficient to produce the

disease in question, nor are we subject to them in all circumstances and at all times—it is the air alone which surrounds us all externally, and which is taken in by all in respiration.*

In regard to this doctrine of an atmospheric intemperies as the cause of influenza, as well as of other epidemics, a word of explanation is necessary. We are not by any means to imagine that the morbid change, whatever it may be, takes place at the same time throughout the whole extent of the earth's atmosphere, nor even that the same morbid portion of the atmosphere which gives rise to the disease in one place is transported to, and propogates the disease in each of the places at which it is observed. It is more probable, and better accords with known facts, to suppose that the intemperies of the air occurs successively in the different districts over which the disease passes.

But, it may be asked, even admitting that a morbid change in the condition of the atmosphere is the cause which produces influenza, in what does that change consist? Is it in the combination with the air of a deleterious miasm or a morbid principle of a specific nature, independent of any change in the proportion and combination of its proper elements? or,

* Galen.

does it depend upon certain sensible changes in the properties of the air? To neither of these questions we candidly confess are we able to give any positive reply. In relation to both of them our information is far from being satisfactory. It appears to us however, that too many difficulties attend the first of the suppositions to permit of our adopting it. Indeed almost every physician of the present day concurs in its rejection. The last hypothesis is far more plausible. Notwithstanding that the influenza has occurred at all seasons of the year, whether hot, cold, damp, or otherwise, in every state of the barometer and hygrometer, yet if we cast our eyes over the various histories of its different visitations in Europe and America, it will be found that the weather immediately preceding or during its occurrence was extremely unseasonable, or was marked by sudden alternations from cold to warm, or from dryness to moisture, or the reverse. Thus in 1675, we are informed by Sydenham, that the disease made its appearance in the end of October, at which period, the weather which had before been unusually warm, became suddenly cold and damp. In the winter of 1729, Dr. Gilchrist states, that at the time when the influenza occurred, the weather was thick, warm, and rainy. In 1762, according to Monro, the disease appeared in April, after a sudden change of weather from cold to

extreme heat. In 1789 the weather preceding the visit of the influenza, is stated by Dr. Currie, of Philadelphia, to have been calm, misty, and warm, and in the month of August, just as the disease made its appearance, we are told by Dr. Rush, it changed suddenly to a degree of cold uncommon at that season of the year. In 1790, according to the last mentioned writer, the influenza appeared during an extremely variable winter, the weather suddenly changing from cold to warm, and the reverse. In 1807, we are informed by Dr. Currie, that the influenza made its appearance during a season marked by sudden changes of temperature, but throughout more wet and cold than usual. The period of its visit in 1816 was marked by very variable weather, and a winter of little severity. In 1826 it occurred towards the close of winter, during a thick, damp, and unusually mild state of the atmosphere, following a degree of cold but seldom experienced in this part of the country: and we know that the present epidemic was preceded by very great variations of atmospheric temperature, followed by an unusually early winter. Van Swieten in his Commentary on the 1407 aphorism of Boerhaave, mentions the dependence of influenza upon a thick, vapory state of the atmosphere, and so far as we have been able to consult accurate accounts of the

weather during those years, and seasons when the influenza has prevailed, we have found invariably that its character was that of variableness and moisture, or that it was marked by sudden transitions from a degree of unusual heat to the opposite extreme, or the reverse. Many have supposed that while the occult morbid constitution of the atmosphere gives the predisposition to the disease, the catarrhal and febrile symptoms are occasioned by the sensible properties of the air, particularly frequent and rapid changes in its temperature. Whether we admit or not that the latter are alone sufficient to account for the production of influenza, it cannot be doubted that they at least increase the number of those affected by it, and augment very materially its intensity. That during the season in which influenza prevails, particular winds and atmospherical vicissitudes are alone capable of producing the disease cannot, however, be doubted. In the account of the influenza, which prevailed in England in 1803, by Dr. Carrick, we learn that the inhabitants of that side of Richmond Terrace, on Clifton Hill, near Bath, which fronted the east, were universally attacked with the disease, while on the south side, the great majority both of persons and families, in all other respects similarly circumstanced, escaped it entirely. Here the east wind was the di-

rect exciting cause of the influenza. The same may be said of the exposures which are followed by an attack of common cold.

Several medical writers of the last century and a few among those of the present, are unwilling to allow that the origin and propagation of the influenza can be explained, except by its being referred to a specific contagion, emanating from the bodies of the sick, and applied to those subsequently affected. They maintain, that, however wide the spread of the disease, it always takes place successively from place to place, and never simultaneously; that its appearance among a community is invariably preceded by the arrival of one or more persons actually labouring under it, or coming direct from other parts where it was extensively prevalent. An eminent writer of our own country has attempted to shew that the spread of the influenza in several of its visits to this country during the present century, was occasioned by the dispersion of persons attending on courts of justice, the Friends assembled in yearly meeting, and the members of the several State Legislatures. It is useless to enter into a refutation of a statement so unsupported by facts; even were we to admit that the spread of the disease corresponded exactly with the dispersing of the several assemblages here alluded to, it must

be recollected that the disease does not extend from place to place at the slow rate which marks our ordinary means of travelling. It has been often diffused throughout the continent with a rapidity greater than that with which any individual could pass over the same space, with all the facilities now afforded him by steam boats, canals, and rail roads. Let us recollect, also, the time which would be necessary to infect a large population even from numerous *foci* of contagion; whereas on the same day, almost at the same moment, many thousands feel the effects of influenza who are known to have had no intercourse with each other, nor with those already labouring under the disease. We might with the same propriety attribute the cold we all feel in winter when in the open air, or the heat in summer, to a morbid sensation communicated by a few individuals to the whole mass of the population, as to ascribe the influenza to a specific contagion emanating from the bodies of the sick.

There are few epidemics which affect so indiscriminately persons of all ages, classes, constitutions and habits, as the influenza. The same general cause which gives rise to the disease, would seem to be all that is required either to predispose the system to its occurrence or to excite it into action. The utmost

care has failed, in a large number of instances at least, in warding off an attack. Seclusion within doors, comfortable rooms, warm clothing and the most scrupulous regard to diet and regimen, have not, with any uniformity, been successful in preserving the system from the prevailing affection. Let it, however, not be supposed that all precautions are useless—that they are capable of producing no good effect. On the contrary, although the disease attacks nearly all, it does so with an intensity varying in different cases, and usually proportioned to the neglect of precautionary means; and hence its violence may be greatly mitigated, and its continuance very materially shortened by suitable attention.

Of persons in the enjoyment of an ordinary degree of health, those who are the greatest sufferers from an attack of influenza, are the aged, on the one hand and young children, on the other. In the first, the disease is attended with symptoms of very considerable violence, and by its being liable to produce in such persons, an effusion of a particular kind into the lungs, it often results very speedily in death. In children the catarrhal symptoms frequently run very high, being attended with fever, and occasionally slight delirium. The same epidemic cause also induces at this period of life an inflam-

mation of the lungs, or that dangerous affection well known to parents by the name of Croup.

Persons who, either from imprudence, from the nature of their occupations, or from poverty, are exposed to cold and damp air, badly lodged, and but imperfectly cloathed, are very subject to severe attacks of the disease, which often terminate fatally. They likewise, who are predisposed to rheumatism and affections of a similar character, commonly suffer much from attacks of influenza. To the consumptive it is a highly dangerous affection, either exciting into immediate action the seeds of that disease, which under other circumstances might have remained quiescent for years, or when the affection of the lungs has made some progress, hurrying with great rapidity the fatal termination.

During the present winter, while the influenza was prevalent at New-York, the deaths in that city amounted in one week to 187, a number very unusual at this season of the year, and seldom equalled in the most sickly periods. In the last five years, the greatest number of deaths in any one week, was 204. The average number throughout the year, is about 100. On referring to the Inspector's returns, we find that the unusual portion of the deaths, during the week alluded to, were caused by diseases of the

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lungs and throat ; only 11 are set down to the credit of *Influenza*, but there were 43 from *Consumption*, 17 from *Inflammation of the Lungs*, 13 from *Croup*, and others by different diseases, liable to be generated or aggravated by influenza, sufficient to still further swell this class.

In the following week, or that from December 17th to the 24th, the deaths were 203, of which but 8 are reported as from influenza, while there are 38 from consumption, and 45 from other diseases of the lungs, to say nothing of small-pox, the deaths from which were 16, nor scarlet fever, the mortality by which was 10. There were 8 deaths reported as from intemperance.

In Philadelphia, we find the deaths in one week, from the 10th to the 17th December, a period when the influenza was very rife, to have been 175. Of these about 70 were from various forms of inflammation of the lungs, or of its membranes, such as bronchitis, catarrh, consumption, hooping-cough, croup (hives,) inflammation of the lungs, influenza, measles, and pleurisy; without including eleven deaths from scarlet fever, some of which are doubtless referrible to the present atmospheric constitution. During the following week, from the 17th to the 24th of December, the deaths were 189, of which 97 were from the di-

seases above enumerated; besides 7 from old age, some of which were owing to the present constitution of the atmosphere. In the first of these two weeks there were 23, and on the second, 27 deaths, from consumption of the lungs. During the fortnight there were 10 deaths of persons between 90 and 100 years of age; and 38 deaths of those between 70 and 100. During this same period, (two weeks,) there were but 19 deaths from influenza, so called. The average weekly mortality for a period of ten years, ending 1st Jan. 1830, was rather more than 71 persons.

✧ In Boston we learn that more deaths took place during the week, included in the same period as the first mentioned above than have occurred in that city, any one week for the last twenty years.

As the influenza is strictly an inflammatory complaint, every thing that overloads the blood vessels or heats the system, such as high living, rich food, and stimulating drinks, has a tendency to augment its violence and duration, while an abstemious course of living—the use of simple diluents and bread, has always a contrary tendency.

Upon the broken down constitutions of the drunkard and the intemperate generally, almost any disease, however trifling it may be under ordinary circum-

stances, produces always very serious and fatal inroads. We have known an apparently very light attack of influenza, to be followed, in persons of this description, by an almost immediate extinction of life.

Wet feet, sitting exposed to a draft of cold air, sleeping in damp beds or apartments, or an imprudent exposure to the night air, when the body is in a state of perspiration from dancing, or from the heat of a crowded assembly, are so many causes which augment the violence of an attack of influenza, and which by inducing inflammation of the lungs or throat, may lead to death.

We find that although the influenza, like other epidemic diseases, exhibits a general resemblance of symptoms in most of those attacked, yet there is not by any means a complete uniformity, much less that identity which we see in contagious diseases. Thus, the predisposition caused in a given number of persons by the peculiar condition of the atmospheric air, will, after similar exposure to cold and humidity, be converted into disease which shall affect each person differently from his companion in exposure. One will have, after a severe chill, a sore throat and pain in the head; another a slight hoarseness and change of voice; a third a hard cough, with pain and fever; a fourth will complain of his back and limbs, as if

they had been severely beaten. Sometimes, though more rarely, the digestive system will be the part chiefly affected, and the sufferer will complain of soreness and cramp, as if he were seized with colic, or will have vomiting. On occasions, the first symptoms of influenza will yield to a regular attack of rheumatism—pain and swelling of the joints, in those who are subject to this disease; and we have seen a slight fit of gout follow the cough, and other symptoms of the catarrh. Recently we have met with cases in which soreness of the skin and pain of the bones, especially at the joints, were complained of, without any external redness or swelling. In fact, in many respects there is no small resemblance between this malady and the dengue or dandy fever of late years: a resemblance the more natural from the presumed identity of causes.

The proper measures to be pursued during the prevalence of the disease, in order to lessen its violence and duration will be evident to the reader, from the foregoing enumeration of its causes and symptoms.

In many individuals, after frequent attacks of ordinary catarrh or cold, the sympathy between the vessels of the surface and those of the lining membrane of the nostrils, throat, and respiratory tube,

becomes so remarkable, that a cough attended with an expectoration of thin gleetly mucus, is immediately brought on by the least cold or dampness applied to the feet, by sitting for a few minutes in a damp apartment, or one a slight degree cooler than ordinary, or even by a very slight decrease in the thickness of the clothing usually worn. Such persons are said to be very liable to take cold, and they are among the first and most severe sufferers from the influenza. They in particular, during its prevalence, should guard against exposure to cold or wet, by a proper amount of clothing, woollen stockings, thick water-proof boots, and flannel next the skin.

It is to be remarked, also, that a person labouring under, or just recovered from an attack of catarrh, whether epidemic or of the common kind, is always more liable to suffer from exposure to trifling degrees of cold, and slight transitions of weather, than an individual in health. Imprudent exposure, under such circumstances, very commonly aggravates the symptoms already existing, or when the disease is on the decline, brings it back with increased violence, or converts it into an inflammation of the chest or lungs, of the most aggravated character. This fact should be constantly kept in mind by those affected with the influenza—for, as the disease in the majo-

rity of instances does not prevent the patient from going about or attending to his ordinary business, a trifling affection may, without care, be converted into a very serious malady.

The influenza, and every species of catarrh, is too often considered to be rather a troublesome and disagreeable than a serious or dangerous complaint. Ask a person, labouring under the disease, whether it has originated from exposure to cold or during the prevalence of influenza, what ails him? and he will most generally reply, oh—nothing! I have *only a very severe cold*, or I have got this fashionable complaint. Do you take nothing for it? Not I—it must have its own course—I suppose it will go as it came. Never was there a greater error than that upon which such language is founded: by leading to a careless disregard of present symptoms, and an improper freedom of living, life itself has been sacrificed, or the few remaining years of existence have either been deprived of usefulness or filled with suffering.

No disease to which the human frame is liable can be strictly considered as trifling. For although it may be unattended with symptoms of any great severity and readily removed by an appropriate treatment; yet when neglected or mismanaged, it may either di-

rectly or indirectly be as certainly fatal as the yellow fever or the plague. Whenever disease is present, prudence and a timely resort to appropriate remedies will be the course pursued by the wise man. It is the fool alone who waits, before applying for advice, until it becomes worse; that is, until the chances against its perfect removal are multiplied.

The influenza consists then in an inflammatory affection of the lining membrane of the nostrils, the cavities which communicate with it, seated within the bone above the eyes, on each side of the forehead, the external membrane of the eyes, the posterior part of the throat, and the glands which are there situated, and of the lining membrane of the principal branches of the wind pipe. The inflammation is not, however, as already stated, thus extensively spread in every case of catarrh. In some it is confined to the membrane within the nose and frontal cells, and that of the eyes. In others it is almost exclusively confined to the throat, and in others, to the wind pipe and its branches.

In the first case it is marked by a sense of dryness, fulness, and heat in the nostrils, with frequent sneezing, a dull deep-seated pain in the forehead, redness and weeping of the eyes, and more or less fever alternating with slight chills; all of which symptoms

increase towards evening; subsequently there takes place an increased discharge from the nostrils, at first of a clear watery fluid, which irritates the parts over which it passes, but becoming, as the disease declines, less in quantity, thicker, and of a white yellowish and opaque appearance.

When the disease is chiefly seated in the throat, the leading symptoms are pain, and a sense of dryness and fulness in this part; frequent hawking, attended with the discharge of a small portion of frothy mucus, difficulty of, and pain in swallowing; hoarseness of the voice and a slight cough, and in more violent cases, difficulty of breathing and sense of suffocation. This form of the disease is also attended with more or less fever.

When the disease affects the lining membrane of the respiratory tube, it usually commences with a sense of lassitude over the whole body, a sensation of cold or shivering, especially when the patient is exposed to an atmosphere somewhat colder than ordinary. A hoarseness of the voice speedily occurs with a sense of roughness and soreness in the throat and wind pipe, and some difficulty in respiration; there is also a feeling of tightness in the chest, and more or less cough, which seems to be excited by some irritation felt at the back part of the throat. The pulse generally becomes more frequent, and the

skin hot and dry, especially towards evening. Indeed, all the symptoms increase at this period, and from the restlessness and augmented frequency of the cough, the patient is often prevented from sleeping until towards morning, when a diminution in all the symptoms usually occurs. The cough is in general, at first dry, and causes pain about the chest, particularly within its cavity along the front part or on one side. Pains resembling those of Rheumatism, are also frequently experienced in the muscles of various parts of the body, particularly about the neck, head, breast and back. The appetite is impaired, and there is a greater degree of thirst than usual.

In the progress of the disease the cough is accompanied with a discharge of mucus, which is at first thin, and brought up with difficulty, but gradually becomes thicker, and is discharged more copiously, and with less frequent and violent coughing. The hoarseness and soreness of the throat, as well as the other symptoms abate at the same time, and the disease soon ceases entirely. Such is the general course of an attack of severe catarrh, which under ordinary circumstances is commonly neither tedious nor dangerous.

Very generally the disease commences with a sense of dulness, an affection of the eyes and nostrils, and dull pain in the forehead, which after a

time are succeeded by hoarseness, cough, pain, oppression of the chest, and fever.

The foregoing description has reference particularly to the common forms of catarrh. When it occurs epidemically the disease is generally very sudden in its attack. Many patients complain of a sense of considerable soreness within the thorax, or chest, and a severe pain on coughing, especially in the forehead or in the eye-balls. The eyes are usually very red, and inflamed, suffused with tears, painful when moved, and somewhat intolerant of light. Some cases are attended with extreme pain of the muscles of the back, loins, and limbs, accompanied with great lassitude or a feeling resembling fatigue from over exertion. When the disease is attended with acute pain or stitches in the side, the cough is usually very distressing and almost incessant, and the expectoration scanty, consisting of a white tough mucus, often streaked with blood. In other cases, however, when there is merely a feeling of soreness or of dull pain in the breast, the cough is less violent, occurs at longer intervals, and is accompanied with a copious discharge of fluid. Frequently the principal symptom observed, has been a soreness of the throat; in some instances, however, a considerable inflammation and swelling of the glands of the throat takes place, attended with a difficulty of swallowing and of articulation, impeded respiration and tumor on the

side of the neck externally, terminating in many instances in the formation of an abscess, which breaks in the throat. The discharge from the nostrils is either very copious or is almost entirely suspended, according as the affection of their lining membrane is trifling or extreme. Frequent sneezing is a very common symptom. In very old persons, the disease not unfrequently commences with a degree of lethargy and prostration of strength, which no remedy will relieve, or it is attended, almost from the first, with great difficulty of breathing, short wheezing respiration, and great anxiety of countenance, which symptoms are quickly followed by death. Limbs suffering from neglected, or badly treated sprains, during an attack of influenza, are very generally the seat of considerable pain. In some cases the disease has assumed the form of genuine pneumonia (inflammation of the lungs,) or of pleurisy; in others of diarrhœa or dysentery. The attacks in children are frequently in the form of croup, and, as we have already remarked, in those predisposed to, or affected with consumption, there is a development or aggravation of the symptoms of that disease. Nearly all chronic maladies under which the patient may labour at the time of the attack, are liable to be increased by the influenza. Very generally the fever is of a more violent grade

than that usually observed in common catarrh, and is frequently ushered in by a decided chill.

From the foregoing sketch of its symptoms, it will be perceived how very various is the degree of violence which the disease assumes in various cases. We have known it in many instances to evince symptoms of so slight a character as to produce but little inconvenience to the patient, and to disappear in a day or two, even though no precaution, nor the most trifling remedy had been taken; while in other cases, from the very first moment of its attack, it has occasioned so much suffering as to confine the patient to his bed for upwards of a week, and to be with difficulty controlled by the most prompt and active treatment—in many other cases again, it has resulted speedily in death.

Much of this difference in the character of its symptoms, arises from the greater degree of exposure to cold and variations of temperature to which one class of patients are liable, than another. A difference in its violence is also caused by the greater degree of predisposition presented by some individuals to inflammation of the chest, the lungs and throat, than by others, in consequence of which, when exposed to the same exciting cause, the former will be seriously indisposed, while the latter will either en-

tirely escape or be affected with only a slight disease. Sex and age, as we have already remarked, influence also, the extent of the symptoms and the danger by which they are attended.

All these morbid affections may be induced at any season by obstruction of the functions of the skin; chiefly from unaccustomed cold and moisture. We see very clearly from these details, that except in the greater diffusion of the predisposing cause, there is nothing specific or peculiar in influenza, by which it differs essentially from common catarrh or cold. Persons exposed at other seasons than the present to the common causes of cold or catarrh, will be variously affected according to their temperament, or natural constitution, or their acquired one from prior disease. Thus of three men exposed to recent cold at any season, one may have a fit of the gout, another a common cough, and the third great disorder and inflammation of the digestive organs.

From all this it is easy to infer, that the same prudential maxims, obedience to which would guard us against catching cold, are equally requisite and proper to protect us against influenza; and that as a slight cold is to be dreaded by a person far advanced in life, or by one liable to spitting of blood or to consumption, so is the influenza to be still more sedulously

shunned by them. Hence in both cases, of common as well as of epidemic catarrh, or influenza, to keep the feet warm and dry, to preserve an equable temperature of the skin, by clothing of suitable texture and quantity, to shun sudden transitions from heat to cold, are necessary means of prevention. If unavoidably exposed in this way, or by getting wet and chilled, to use a warm foot-bath or a general warm bath, and to keep at rest in-doors and use a very light regimen, are also important precautions. Should the influenza have made its attack in due form, it may, like a common cold, be generally kept in subjection by rigid abstinence—mild herb teas, toast and water, barley or rice water, being the only articles used for either food or drink. The irritation of coughing will be greatly mitigated by flax-seed tea, with the addition of a little lemon juice and sugar, or by gum Arabic, in water.

If other means be used, in the absence of a physician, we would particularly caution against those of a heating nature, such as spirituous liquors, in the various combinations of hot toddy, whiskey punch, or spices and condiments. More or less fever is always present with the cold or influenza; and which will be greatly aggravated by stimulating or exciting remedies. Saline medicines in moderate doses, or even

a bleeding from the arm, will generally prove of much greater avail. We mention this practice not with a view to recommend it indiscriminately, but simply to say that it is incomparably safer than the heating or alexipharmic one, and ought, when recommended by a physician, to be had recourse to, without fear or demur. Opium, in its various forms of administration, should not be heedlessly or hastily had recourse to, especially in the first or more feverish stage of the disease; indeed we should recommend that it be only used under the direction of a physician. But after all, the chief hopes of relief, and means of avoiding future ills, the consequences of protracted influenza, will be in a cooling regimen, abstinence at first, and afterwards simple food, light and easy of digestion, such as the farinaceous articles, stewed fruits, &c.; and finally, though with caution, plain animal food in small quantities. Having thus sketched the outlines of the treatment of influenza, we proceed to give the requisite details.

The fact that the influenza is modified in its character in different individuals, and varies in its intensity in different cases, shews the impossibility of subjecting those affected with it invariably to the same treatment. A very common enquiry of the physician during the prevalence of the disease is, "What

is good, Doctor, for the influenza?" To this a prompt and satisfactory reply is expected—not only by the ignorant, but by persons whose characters for good sense and judgment, rank deservedly high. The querist overlooks entirely the fact, that for the treatment to produce any good effect; in order, indeed, that it shall not increase the symptoms under which the patient labours, it must be cautiously adapted to the violence and character of each case, and be variously modified, according to the age and constitution of the sufferer, the period of the malady and a host of other circumstances, all of which must be taken into the account, and carefully weighed, in order to ensure the success of any remedy administered. It is the mere vender of drugs that offers to the public his unfailing syrups, mixtures, and lozenges, adapted to every case and stage of the "prevailing cough"—the veriest empiric who asserts that his *panacea* can be taken with perfect impunity, and with a certainty of success by all who are labouring under this or any other disease. It is true that there is a *general* plan of treatment adapted to the influenza, but to apply properly this general plan to individual cases, requires judgment and skill. Many cases occur during every visitation of the epidemic, which call for no internal remedies whatever; while in

others the safety of the patient requires that active remedies be not neglected. Between the two extremes there is an infinity of shades in the disease, each calling for a particular modification of treatment. To decide upon the necessity of these modifications is the province of the scientific physician. Neither the patient, nor yet his friends, however honest these latter may be in their desire to afford relief, are in any degree competent to the task.

Impressing solemnly upon the reader's attention this important truth, we shall now proceed, not to lay down the treatment of influenza, in all its details, but to review the remedies ordinarily demanded, and to offer a few cautionary hints in relation to each. To our medical readers we do not promise much novelty, but rather a convenient summary of the course which they will find it convenient to pursue. Upon the subject of regimen and diet we shall be more explicit; for by an attention to these on the part of the patient, much may be done, even without the employment of medicine, while by their neglect, the best concerted medical treatment will prove of little avail.

BLEEDING.—In proportion to the violence of the disease and the robust and plethoric frame of the patient, will the loss of blood be called for in influenza. Whenever the disease is attended with much

fever, oppression of respiration, severe pain in the head or chest, the immediate loss of a sufficient quantity of blood will always be found to afford very great relief. Bleeding is a remedy, however, which can seldom, if ever, be employed with advantage, excepting under the direction of a physician. By the patient or his friends, it is very apt to be resorted to at an improper period of the disease, and to be either carried too far, or not to a sufficient extent. To derive from it all the benefit it is capable of affording, the loss of blood must be properly timed and adapted in quantity to the existing stage and violence of the disease, as well as to the age and constitution of the patient. It is too often the practice to employ in the first place a variety of remedies more or less improper, and then as a last resort, to try the effects of bleeding, at a period when the relief obtained from it will be far less than it would have been, had it been resorted to in the commencement, or even at an early stage of the attack. Let then the physician decide when bleeding will be proper.

PURGING.—When the bowels are costive, that is when an evacuation from them has not occurred for a day or two, some gentle laxative, as castor oil, or a seidlitz powder, will be proper; but excepting in certain cases of influenza, in which the head is vio-

lently affected, purgatives do not form a remedy well adapted to the treatment of the disease. Purgatives are among those medicines of which the greatest abuse is made in domestic practice. They are considered by many almost a specific in all cases of fevers, cold, and inflammations generally; and very often, by their imprudent use or frequent repetition, a trifling complaint is converted into one of long continuance and considerable severity. Viewed by parents as a very innocent remedy, they are administered in the diseases of children with a profuse hand; the very suffering which the *good nurse* or officious mother in this manner produces, is commonly made a plea for the still longer continuance of the purgative system.

Whenever gentle laxatives or more active purgatives are considered necessary in the management of influenza, every prudent person will resort to his physician for directions as to the article to be employed, its dose, and the periods of its administration.

Addressing ourselves for the moment more particularly to our medical brethren, we should say, that where bleeding has been premised in the more violent form of the disease, or where we meet with milder cases, marked however, by general oppression and laborious breathing, a mercurial purge will be attended with a good effect, and prepare very well for the use of

antimonials in minute doses, either alone or combined with opium. In what may be called the bilious varieties of influenza, or where there is a predominance of nausea, with loaded tongue, some pain and tightness about the lower ribs on each side, or the hypochondria; calomel followed by salts, or the compound powder of jalap, will be of essential utility. The inhabitants of the southern States evince most frequently, when attacked with the disease, the bilious complications.

The remarks just made respecting the use of purgatives, will apply to that of emetics, when the influenza is complicated with bilious symptoms, so called.

EMETICS.—The public generally appear to be fond, either of secret remedies, or else of those which have an immediate, active and visible effect; hence next to panaceas and catholicons, purgatives and emetics rank high upon their list of materia medica: few diseases occur in which one of these and very generally both, are not at once prescribed. To decide however upon the necessity for, and the proper management of either, requires much judgment and nice discrimination: they should be left therefore, entirely to the prescription of the physician.

In cases of influenza, on the first accession of the symptoms, a mild emetic will produce often very great benefit, rendering frequently, what threatened

to be a serious, a very mild attack. At a later period, also, circumstances may occur in which an emetic may be proper; generally, however, it is only in the first period of the attack, that the propriety of their use is free from all doubt. In the subsequent stages, the employment of the emetic articles, antimony and ipecacuanha, in minute doses, is more beneficial than when they are given so as to induce vomiting. They constitute in this form an excellent addition to the cough mixtures employed towards the decline of the disease.

Antimonial wine, combined with the syrup of squills, is a very customary prescription in domestic practice, for the influenza, or a cold occurring in children. In many slight cases, this combination may undoubtedly produce good effects, but it is by no means one to be recommended under all circumstances. We object particularly to the frequent and indiscriminate use in early life, of antimonial wine; its effects upon the stomach and bowels are often prejudicial. The fact is, colds affecting children, cannot be safely treated by what are called *simple* remedies, their management requires considerable skill; they being in general attended with far more danger than when they occur in adults.

BLISTERS.—The application of a blister will be often adviseable, especially in those cases of influenza accompanied with considerable oppression of the chest, a dry harrassing cough, and much pain of the side or breast. They require, however, to be properly timed, and the system prepared for their action, or they will be far more liable to be productive of pernicious than of beneficial effects. For ourselves, we are of opinion, that at a proper stage of the disease, blisters may be employed with decided advantage in a much greater variety of cases than those in which they are usually resorted to. When the head and eyes are much affected, a blister to the nape of the neck will often produce immediate and very decided relief.

PEDILUVIA.—Bathing the feet in warm water, and the use of the warm bath generally, require a very great deal of management and caution, in order to derive from their use, in cases of influenza and catarrh, any very decided advantage. The *good old practice*, as it is termed, by a sad perversion of language, of treating a cold by bathing the feet in *hot water*, on going to bed in the evening, and then drinking freely of some hot spirituous mixture, or strong herb tea, is one of the most dangerous that can be devised. For one individual who has by this means

obtained the removal of his cold, we might enumerate hundreds in whom it has very considerably increased all the symptoms, and caused the inflammation to extend itself to the breast or lungs. All attempts to force a sweat, and particularly by heating remedies, in this or any other febrile affection, are in the highest degree pernicious. The moisture on the surface which occurs towards the decline of such diseases is generally, it is true, an indication of amendment, but it is the *effect* and not as many suppose, the *cause* of the favourable change in the malady. One word, however, that we may not be misunderstood. When a person has been exposed to cold and dampness of any extent, or for some hours, immediately to bathe the feet or the whole body in warm water, and then, retiring to bed, to take freely of some *mild tepid* drinks, is an excellent means of preventing any bad effects resulting from the previous exposure: it will often ward off a cold, but it will rarely, if ever cure it when already present; that is, if its symptoms be of any violence. Stimulating drinks will always do harm.

OPIATES.—Various preparations of opium are remedies of great power in many cases of influenza: but they do not admit of indiscriminate use in all cases or in every stage of the complaint. It is only when

the more violent symptoms have declined that they are found invariably to relieve the restlessness and cough, and to induce a quiet and refreshing sleep. In children they must be used, in particular, with great caution. Their administration in no case should be attempted, without the advice of a competent physician. Now the reader must be informed that nearly all the cough mixtures, syrups, and lozenges, of the shops—the vegetable syrups and pectoral balsams of the advertising quacks, are combinations of mucilage or sugar, squills, antimony, opium, laudanum or paregoric elixir, if they do not contain still more deleterious ingredients. Their use is always attended with risk, from the want of any adaptation, in the proportion of their several ingredients, to the age and constitution of the patient, as well as to the violence and stage of the disease. Taken late in the complaint, when a harrassing cough is almost the only symptom remaining, they often, it is true, afford prompt relief; though even here injury is frequently produced by the over proportion of some one of the more active articles which they contain. At an earlier stage of the complaint they are more apt to increase than to relieve the difficulty of breathing, the fever, and the restlessness. We can readily comprehend how these articles obtain a fictitious reputation. Taken by one

individual, at a period when opiates are indicated, the relief he experiences from their use induces others to resort to them, and perhaps, by many at an improper period. But this makes no difference in their estimation of this class of remedies; one failing to give relief, another is made use of, or the same one is continued, in gradually augmented doses, until finally discovering that their disease augments under its employment, they do precisely what they should have done in the first instance—that is, apply for regular medical advice.

MUCILAGINOUS FLUIDS.—These are confessedly the safest and most effectual means for quieting the cough that we possess, during at least the first stages and height of the disease. They effect this too without endangering irritation of the stomach, or an increase of the inflammation or of the attendant fever. Barley-water, a solution of gum Arabic in water, a decoction of quince seeds, or even simple toast-water, may be taken either plain or sweetened, and slightly acidulated by the addition of lemon juice or other vegetable acid, in small portions at a time, frequently repeated. They will be found almost invariably to relieve the irritation and dryness of the throat, and to diminish very considerably the cough. One of the best of these mucilaginous preparations, is perhaps,

the flaxseed tea, to which, after it is strained, a portion of lemon juice and of sugar have been added. When this is not relished, the inner bark of the slippery elm (*ulmus fulva*,) may be substituted for the flaxseed; when infused in the water, this produces a very bland, and to many, a very pleasant mucilage. Keeping a piece of rock candy, gum Arabic, or common molasses candy, constantly in the mouth, and allowing it slowly to dissolve, is likewise an excellent means of stilling the cough, and of abating the irritation of the throat, upon which it depends. These articles constitute the simplest, safest, and therefore the best cough lozenges.

INHALATIONS.—The frequent inhalation into the lungs of warm aqueous vapours: that is, of the steam from warm water, is a remedy from which much advantage is often derived in the influenza, and all other varieties of catarrh. Many persons imagine that a little vinegar, or a few chamomile flowers added to the warm water, improves its virtues; the truth of this is, however, very questionable. Nevertheless as the vapour, in consequence of this addition, feels more grateful to the palate and lungs of certain patients, little injury will result from allowing it; provided always, however, that the quantity of vinegar or chamomile flowers, be very small. The addition

of any of the more aromatic herbs or substances would be injurious ; they should always at least be dispensed with, unless expressly directed by a physician. The method of using or of applying the vapour, is of very little importance : holding the face over a large bason filled with hot water, or directing the steam into the throat through an inverted funnel, will answer in most cases fully as well, if not better than a more complicated apparatus.

Various other remedies are required, or at least are prescribed, in many cases of influenza, especially in these marked by symptoms of unusual severity. The foregoing list comprehends, however, those which are most commonly administered without the direction of a physician, and hence those in relation to the employment of which the greatest mistakes are daily committed. It is on this account that we have considered it proper to offer a few remarks in relation to them ; not, however, with the view of teaching the public an impossible task, in other words, of instructing them in the mode of applying these remedies to the cure of their own complaints, but, rather to point out to them the difficulty attending their proper employment, excepting under the directions of a judicious and skilful physician. It is from the full conviction, that no one out of the medical profession can, without the

utmost risk, attempt to prescribe for this or any other ailment, however simple, to which the human system is liable, that we have purposely avoided entering into any account of the doses and several combinations of those internal remedies best adapted to the cure of influenza. By so doing, we are aware, that in the estimation of many, we have detracted largely from the interest of the present publication.

It is for the physician to carry out the details which his former experience and present observations shall find adapted to the peculiar circumstance of each case. We believe that what we have said, in the way of syllabus to the treatment, will not be without its use to him; certainly if it meet the eyes of his patients, will inspire them with additional confidence in his prescriptions and directions.

DIET.—An abstinence from meat, and all solid and irritating food and stimulating drinks, is of the first importance in every case of the disease. A diet of thin gruel, weak tea, or milk and water, and dry toast, or stale bread, with flaxseed tea, lemonade, apple and barley-water for drink, will of itself, provided the patient at the same time remains within doors for a day or two, remove a slight attack; while, in the more violent ones, a similar diet is essential to the successful operation of the

strictly remedial measures that may be demanded. Simple bland diluent drinks, whatever may be the addition made to the water of which they are composed, whether sugar, syrup, vegetable acids, certain of the farinacea, or mucilage, are demanded in all cases of catarrh or influenza. Every stimulating fluid, whether distilled or fermented, must be avoided: in any quantity it will have the effect of increasing the fever, the cough, and the difficulty of breathing. Even the languor and depression which in the commencement of certain cases of the influenza, would appear to many to call for its use, are augmented by it, or if removed under its employment, are replaced by symptoms of greater danger.

We have heard men boast of having cured themselves of an attack of cold, or of influenza, by high living and a few additional glasses of wine, or of hot whiskey punch, and seemingly claim some degree of credit for their running counter to the wisest medical instructions. But, it is only when the most consummate folly shall be esteemed a proper subject of admiration and of praise, that such conduct shall obtain approval. The man who risks destruction, or endangers his health, merely from whim or caprice, can never be esteemed for his sense, his prudence, nor, we had almost said, for his morality. The only excuse we can possibly make for one who thus acts,

is to suppose him ignorant of the imminent risk he runs in the indulgence of his folly.

A common notion is entertained, that the drinks taken in cases of catarrh, or influenza, should be warm. This is an error,—the drinks should be cool, and neither cold nor warm.

Confinement within doors, in a dry comfortable chamber, is adviseable in all cases of the disease, and in the more violent cases, cannot be dispensed with. Care should be taken, that the air of the patient's apartments is preserved of an equal temperature throughout the day; guarding alike against any approach to chilliness, or too much heat.

It is often impossible or extremely inconvenient, however, in slight attacks for the individual to keep his chamber; when this is the case, great caution should be observed to adapt the clothing to the state of the weather, so as to avoid the impression on the system, of cold or damp. Flannel next the skin will always be found of advantage, with woollen stockings, and substantial boots, and over-shoes whenever the season is wet or the streets sloppy. After night, nothing but the most imperative necessity should induce the patient to expose himself to the open air, more especially if the weather be damp or rainy.

Hints respecting Common Colds and Incipient Consumption.

We deem the present a favourable opportunity for venturing a few remarks on common colds, in connexion with pulmonary consumption:—and we shall consider ourselves peculiarly fortunate if they should prove the means of inducing a salutary and timely caution on the part of those of our readers whose weak chests render them liable to the attacks of this dread malady.

When we reflect on the fearful mortality in temperate climates annually, caused by the various diseases of the respiratory organs, under the names of pleurisy, pneumonia, or inflammation of the lungs, bronchitis, croup, asthma, hydrothorax or dropsy of the chest, and last and chiefest, consumption of the lungs, we shall find little cause to boast of the superior salubrity of those regions—illustrated though they be by being the residence of the most civilized and intellectual portion of mankind. We are startled at the very name of yellow fever, and devoutly bless our better stars, by which we are exempted from the plague and the cholera: but, were we to consult the simple annals of the poor, note their diseases and examine the hospital records of the chief cities of

Europe and of the United States, we should indeed be amazed if not terrified, at the large outlet to human life made by the host of diseases of the lungs,—no small portion of which have their origin in what is called “*taking cold.*” Even while we admit that in our middle and northern latitudes, the mutations of temperature and weather are so great and frequent as to baffle the calculations of the most prudent, and that penury and want, and a life of unremitting wo, compel a large number to submit to exposures ruinous to their health, and certainly destructive, in time, of life, yet we cannot be insensible to the fact that much extensive suffering from pulmonary diseases in general, including more especially consumption, is the direct result of voluntary folly, in vice, indolence, imitation and fashion. True, the labouring poor are often greatly exposed to taking cold, from the very nature of their employment, as well as on account of their scanty clothing, and ill-built and imperfectly warmed habitations. But how often are they not thus exposed by their want of common industry and thrift to obtain the means of protection—how much oftener again, are not they the victims of atmospheric distemperatures, in consequence of the morbid susceptibilities to these agencies, created by intemperance in the use of intoxicating drinks, carousing at late hours, &c.

The waggoner, the ploughman, and the sailor, are each, respectively, much exposed to the elemental strife, the peltings of the pitiless storm—wind, and rain, snow, and sleet; often are they drenched to the skin, often seized with pains of pleurisy or rheumatism. But were we to separate the list of attacks, which begin with taking cold, caused by prior intemperance or carelessness, or neglect of timely change of garments, from those which come on in despite of temperance and an early use of dry and warm clothing, after getting wet, we should find the latter bear a small proportion to the former.

In like manner we shall find, that the exposures to atmospheric vicissitudes productive of pulmonary diseases of the man of business, the student, and the professional man, are not so much in direct discharge of their several duties, as in the observances of absurd customs, addiction to unseasonable amusements and the like, or a neglect of the common means of insuring in-door comfort.

The man, who from indolence or excessive stinginess, neglects to have a broken pane of glass replaced by an entire one, and gets in consequence a cold, and its concomitants, cough, stitch in the side, &c. ought not to blame the weather or his business for the complaint under which he labours, any more

than he would do who should sit shivering at the desk, between doors imperfectly closed, and in a room, which, had he chosen, it was in his power to keep warm with a good fire. A youth of delicate frame, who is peculiarly prone to catch cold, and has been once or twice threatened with consumption, determines to try a winter without flannel next his skin: he takes little or no exercise to increase the activity of his circulation, and eats but little, and that irregularly; thus depriving his system of one of the means in a vigorous digestion and ready nutrition, of forming animal heat. Ere the experiment has been long tried, he is seized with the influenza, and falls a victim to that disease. Ought we to attribute his death to his own folly, or to the state of the weather and season? But for the intervention of epidemic influence, he might have survived, perhaps, until the spring, and then would have sunk under the slower march of consumption.

A man of business walks about in wet streets, and amid showers of rain, with impunity—protected as he is by thick-soled boots or shoes, and suitable overclothes and umbrella. In the evening, it may be a clear and calm one, he puts on slender pumps with silk stockings, in place of thick woollen ones, goes to a large assemblage—a tea-party, or a dance, gets

over-heated, and returns home, perhaps without an over-coat, at any rate with his pumps on. Next morning he awakes with hoarseness, soreness of throat and fever. Prudence would now dictate the propriety of his keeping in the house, omitting his customary meals, and of using some simple drinks, mucilaginous or farinaceous, instead; but no, he cannot, considerate and industrious soul that he is, spare time from his business to lay by. And yet, the evening before, he could forget his business, and risk its interruption, perhaps entire breaking up, by a still more violent attack of disease than that under which he now labours, in competition with an uncalled for vanity in a trifling article of dress. But mark the results:—he goes out, perhaps the weather may be bad, and after a day of toil, returns much worse at night than he had been in the morning. He forgot the relative effects of exposure, and that, what had been innoxious to him the day before, when he was in health, is decidedly prejudicial to him, now that he is indisposed. Perhaps he may struggle on another day, and at last takes to his bed, and it may be, never to rise again. This person is then said to have fallen a victim to his extreme attention to business; or, he is numbered among those who are fatal sufferers from a variable climate, and the

epidemic of the season. The man's death is the reward of his own folly.

Again, a young physician, with naturally a weak chest, goes to settle in a sickly country, in which, if he is not carried off by consumption, he runs a good chance of being destroyed by fever. On his return one night late, after much exertion followed by copious perspiration, he has to cross a river; he takes a short cut below the usual ford, dashes into the water, gets thoroughly wet, and in the morning is awakened by a chill, which is followed by inflammation of the lungs, and death. Was this person returning from a professional visit, which, without a dereliction of duty, he could not have refused making? Not at all; he had been to a ball, and was dressed in very light pantaloons, thin stockings, and pumps.

Of the heedless and yet voluntary exposures to taking cold of the female sex, little need be said here; their strange infatuation in this way is proverbial. But our mortification and griefs for the sufferings which they bring on themselves, in the varieties of pulmonary complaints, to which they ultimately fall victims, are aggravated by knowing that, even in the pursuit of pleasure and the enjoyment of frivolous amusements, they need not necessarily expose their persons to the sudden transitions of temperature, nor especially their feet to

cold and moisture, and thus lay the foundation for a long list of maladies; among which, figures in the foremost rank, pulmonary consumption.

Having spoken of the foolish *practices* by which diseases of the lungs are so often brought on, we shall next advert to the false *theory* by which they are in part attempted to be justified. This theory is, that delicate persons ought to expose themselves to cold and the severities of the weather, in order to harden themselves; because, as it is alleged, they whose employments require a life of toil, often in cold inclement weather, are vigorous and resist disease. The assertion is not true: a very large number of the industrious labouring poor fall victims annually to pulmonary disease, in its various forms, in consequence of their exposure to cold and severe weather. They whom we see remarkable for their robust frames and bodily vigour, and who are at the same time much exposed to the wintry cold, are not benefitted by the latter; they remain healthy in spite of it. Regular, active muscular exercise, in the open air, plain substantial food, and regular hours, contribute to give them an energetic discharge of all their functions, especially of digestion, respiration and circulation, and in a measure, as a consequence of the others, a free evolution of animal heat, and great power of resisting cold. In extreme northern lati-

tudes, as in Russia, Sweden and Norway, consumption is indeed less frequent, but the inhabitants of those countries are far from acquiring an endurance of cold by exposing themselves; they take every possible method of moderating its severity, by the warmest clothing, and having their houses furnished with double windows and doors, and warmed by heated air. Sheep-skin undressed for the peasant, and furs for the wealthy and higher classes, are common articles of dress.

Cold is peculiarly unfriendly to the young and to those in very advanced life; it is especially liable to bring on scrofula in all its forms, including tuberculous consumption. Even the animals most nearly resembling man, as those of the monkey tribe, when brought into cold northern latitudes, are seized with glandular enlargements and tubercles.

We meet with very notable differences in the susceptibility of persons to be affected by cold, and especially by that most dangerous union, cold with moisture. Some are by inheritance prone to have sore throats, others croup, others catarrh, on the slightest exposure—by getting the feet wet, or by any atmospherical change, which suddenly chills and obstructs the functions of the skin. Now it will be found that the exemption of such persons from these maladies, will be, not in proportion to their persistence in

the hardening process, but to their avoidance of the causes already mentioned, by preserving as much as possible the skin and extremities of a uniform temperature. Nay, still more, as every fresh exposure is followed by a fresh attack of disease, and the chances of these increase, nearly in the ratio of their former number, until a morbid habit is firmly established; so, on the other hand, will a prudential course, prolong the periods between the attacks, and finally prevent their ever returning; thus establishing a healthy for a diseased habit.

The physician who has read and observed on the subject of pulmonary consumption, knows that, however numerous and fatal are the various inflammations of the lungs, for the most part brought into play by taking cold, still these are not in any large proportion, the cause of consumption; although both may be excited by similar exposures, such as to a cold and moist atmosphere. The predisposition to consumption is often inherited, and depends on a peculiar structure of the lungs, by which, or the application of the common causes of catarrh, new substances or bodies called tubercles are formed. These tubercles vary in size and consistence, being commonly hard on their circumference, and having a softer or caseous consistence in their interior. After a time some of them open outwardly, that is, on the surface to which the air is applied in breathing, and

their contents continue to be coughed up at intervals during the progress of the disease, through fistulous openings. Sometimes they suddenly burst and suffocate the patient. This is what is called true or tuberculous consumption, and by many, if not most physicians, is regarded as incurable. Laennec, however, in his valuable *Treatise on the Diseases of the Chest, and on Mediate Auscultation*, and Andral, in his *Clinique Medicale*, have rendered it highly probable, would seem indeed, to have demonstrated the fact, that even the fistulous tubercles have cicatrized and been dried up. But instances to this effect are exceedingly rare.

In some cases so strong is the tuberculous predisposition that causes apparently of the most simple kind, will call it into confirmed consumption; whilst in others, with common prudence, a tolerably long life may be enjoyed, without suffering from the assaults of the fell destroyer. Catarrh, and hæmorrhage from the lungs, often regarded as the causes and precursors of consumption, are, on occasions, merely evidences that the tuberculous irritation has become fully developed. The same remark applies to most of the varieties of inflammation of the lungs, which may accompany, and sometimes excite into action, the tuberculous state, but without, properly speaking, causing it.

Still we are not to overlook the fact, that common catarrh or bronchitis, if neglected, will eventually end in disorganization and ulcers of the lining membrane of the lungs, which simulate true pulmonary consumption, and end as fatally as this latter.

When we hear of cures of consumption we are to understand them as chiefly of these diseases—chronic catarrh or bronchitis. The varieties even of this disease are numerous. A common and troublesome one is inflammation, ending in ulceration of the lining membrane of the upper part of the wind pipe, constituting what some have called laryngeal phthisis. This in the larger number of cases accompanies the tuberculous disease of the lungs, and when present to any extent, accelerates greatly the fatal termination of the latter. The voice is affected in a morbid manner in laryngeal consumption; and the unpleasant sensations and irritation provoking to cough, are distinctly referred to the upper part of the wind pipe; the same part which in children is the seat of croup. Sometimes the first symptoms of this variety of consumption coming on, are loss of voice, or a muffled or husky voice, with dryness of the throat, and frequent hawking, and a short hemming cough. The application of leeches to the skin over the wind pipe, and on each side of it, followed by a blister, inhalations of simple aqueous vapour, living in air

of a moderate and equable temperature, and keeping the feet very warm, together with a plain regimen, will sometimes suffice to arrest the progress of this malady.

Conjoined with incipient as well as with confirmed consumption, is gastritis or inflammation of the stomach, both acute and chronic, and also ulcerations of the intestines. The last are more common in the advanced stages of the disease.

Farther details of the organic changes, which are characteristic of, or which accompany, pulmonary consumption would be incompatible with the purposes of the present sketch. Our design is merely to point out the chief causes of catarrh and consumption, and the prominent varieties of the latter, in order to better understand the value of the dietetic and curative suggestions, with which we shall close our remarks.

When we find a person with narrow chest, long neck and inclined to stoop, who inherits from either parent the predisposition to consumption, and who is peculiarly liable to take cold and have a cough every spring and autumn, or at any notable change in the weather from warm to cold, our fears ought to be awakened, and all proper measures taken to prevent an attack of threatened consumption. Theory and experience point out the propriety of attending, in a

more especial manner, to the three important surfaces: viz. the skin; the lining membrane of the lungs, to which the air is applied in respiration; and finally, the lining membrane of the stomach and bowels, to the inner surface of which food, solid and fluid, is applied, for the purposes of digestion and its subsidiary processes.

Aware that the impeded functions of the skin, caused by cold and moisture, or the unequal application of cold by currents of air to a part of the body, preceded and caused the cough and distress in breathing; our first duty is to protect this surface against similar accidents. With this view it is exceedingly important to make the invalid wear clothing of such texture and fashion as shall keep up a uniform temperature, and also, the healthy customary discharge of perspirable matter from the skin. If we are to err on either side, let it be on that of warmth. Frictions, used daily, night and morning, and the occasional use of the warm bath, will contribute to the same end. The next surface, or the pulmonary, should be also guarded against air, either too dry or untimely cold, as well as very hot. While cold air is prejudicial both to the cutaneous and respiratory surfaces, there is this difference, that moisture does not render it hurtful for breathing, whereas this additional quality of air is much more apt to impede the

functions of the skin. Hence a man may take exercise in and breathe an air which he ought most sedulously to prevent having any access to his skin, or at least, to any part of it which is habitually clothed. To be chilled through the skin might be fatal. To be affected by it through the lungs is comparatively harmless; and at times, during the inflammatory action of these organs, may be very serviceable.

It is, however, very difficult to derive advantage from such a kind of air in one way without its being very detrimental in another, and at any rate, the sudden changes of wind and temperature are very trying to weak lungs. Hence have arisen the enquiry and search after such a uniform state of atmosphere, as shall prove grateful to the lungs, and at the same time, be beneficial to the skin.

A climate in which the temperature is moderate, rather inclining to warm, and the air rather moist, with protection from keen north or north-westerly and north-easterly winds, is that which in theory, is supposed to correspond with our wishes.

Of course we cannot look for a location enjoying these advantages in northern and middle Europe, nor in our northern and middle states. The south of France, parts of Italy and Spain, and the island of Madeira, have been, severally, extolled as desirable

residences for the consumptive invalid. At home we have heard of much benefit being obtained by some of the inhabitants of our eastern cities, thus afflicted, who have spent the winter in Savannah. But more relief is to be expected in pulmonary affections, by living, during this season, at St. Augustine, in Florida, than from any other spot with which we are acquainted, within the limits of the United States.

To a removal of the invalid from home, there are, however, many objections—on the score of separation from friends, deprivation of suitable attendance, and the expenses of travelling. A sea voyage is productive of many discomforts and atmospherical exposures, which are highly detrimental to a sick person:—and on arriving at the destined spot abroad, there may be a want of many minor comforts, and what is still worse, of the solacing attentions of friends and relatives, all which would more than countervail, by their effects on the mind and temper of the invalid, the benefits to be expected from the climate. We would not be understood as dissuading, in every case from travel, and residence for a period, in spots, the climate of which has been proved sanitary and curative by long and ample experience. We are satisfied, on the contrary, that in many instances, much good has arisen from a change; but to derive benefits from it, the journey ought to be undertaken under

favourable auspices, with sufficient pecuniary means, the company of some near and dear relative or friend, and the enjoyment, to a certain extent, of the society of the place.

Happily for the invalid threatened with consumption, or who is already suffering under its first stage, he can have recourse to means at home by which all the benefits from air of a mild and equable temperature for breathing and living in, will be realized without the drawbacks just adverted to. Our reference is to apartments warmed by fresh air, which is first introduced into a small chamber of brick or tile, containing a stove or furnace, by contact with which it is heated, and passes up through a pipe or grated opening, into the room above. We have said that the air is fresh, and this is a grand point. It is that common pure atmospheric air which enters into the brick chamber by a small opening at the side, and which, so soon as it is rarefied by contact with the stove or furnace, rises to the top and finds entrance into the room to be warmed. The doors and windows may be rendered air-tight; and thus all currents or drafts of cold air from without, are excluded, and one chief means of contracting fresh catarrh prevented. The escape of the air of the room, contaminated by the breathing of the invalid and others, —friends or attendants, can be readily obtained by

an aperture through the fire-board of a chimney-place, or by a contrivance in place of one of the panes of glass in a window.

It would be still better for two rooms to communicate with each other, the warm air coming up through the floor, at the door of communication. An apartment would then be reserved for sleeping, and another for recreation, by such gymnastic exercises as might be thought adapted to the strength and stage of disease of the invalid. Here, also, could he receive the visits of his friends. The two grand requisites of uniform warmth, and ventilation, can be readily obtained by this arrangement, and the patient is also placed in the most favourable situation for being benefitted by the medical treatment which may be suggested by the physician, including the inhalation of various vapours, the use of the warm or vapour bath, and frictions of the skin.

They who are apprehensive that a person kept during a winter, in this artificial southern climate, would be unable to bear the open air afterwards, would be greatly deceived. In respect to persons in health, we find the Russians bear the cold out of doors with impunity if not with pleasure, after leaving their warm rooms; and we know from experience, that the invalids kept during the winter, in apartments of uniform temperature, suffer less from

the external cold when they go out, than they had done before.*

The expense of fitting up a furnace and chamber, for the heated air, in the cellar, and establishing a communication between the latter and the rooms above, would not be more than half of the passage money to a European port, and even this sum might be saved by the less call for medicines, and the visits of a physician, during the winter season.

We cannot forbear, when on this subject, from repeating the language of the benevolent Dr. G. Pearson, of London, as follows. It is strictly applicable to the United States, as well as Great Britain. "But a grand institution for the benefit of the invalid public, and the sick in general, by the erection of a building of sufficient space, for apartments and rooms of various dimensions, to afford warm and equal temperatures, is at this time especially, an object for the gratification of the philanthropist, and in all probability must be profitable to the proprietors. To such a fabric as here proposed, should be attached variously disposed, spaces for pleasure walks, for green-houses, for baths, and for amusements. How many thousands

* The reader, curious of details on the method of warming houses, as practised in Russia and Northern Europe, generally, and beginning to be adopted in our public buildings and many private houses, here at home, is referred to the *Journal of Health*, Vol. II. p. 80 & 140.

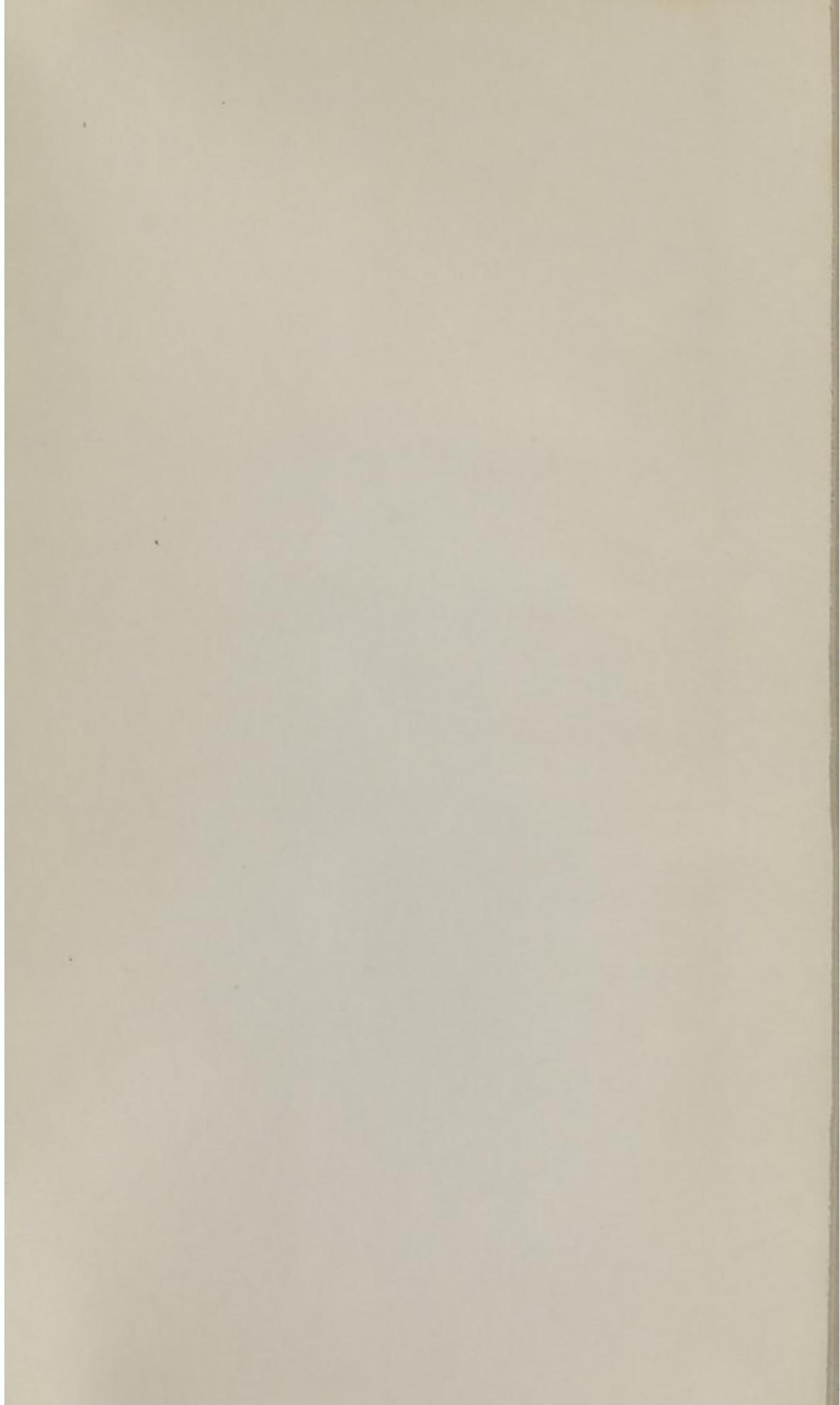
of persons, of all ranks, are at this time, living in the United Kingdom, in a state of bad health, not remediable, or even capable of relief, but by warm fresh air, of suitable degrees of temperature? Such states of atmosphere are no where obtainable, except perhaps, for a short time, in any climate. The most temperate climates afford the required temperatures during part of the year only, and the tropical latitudes from the extreme heat, and existence of the causes of disease, are scarcely preferable; some rare cases excepted, to many parts of our own island."

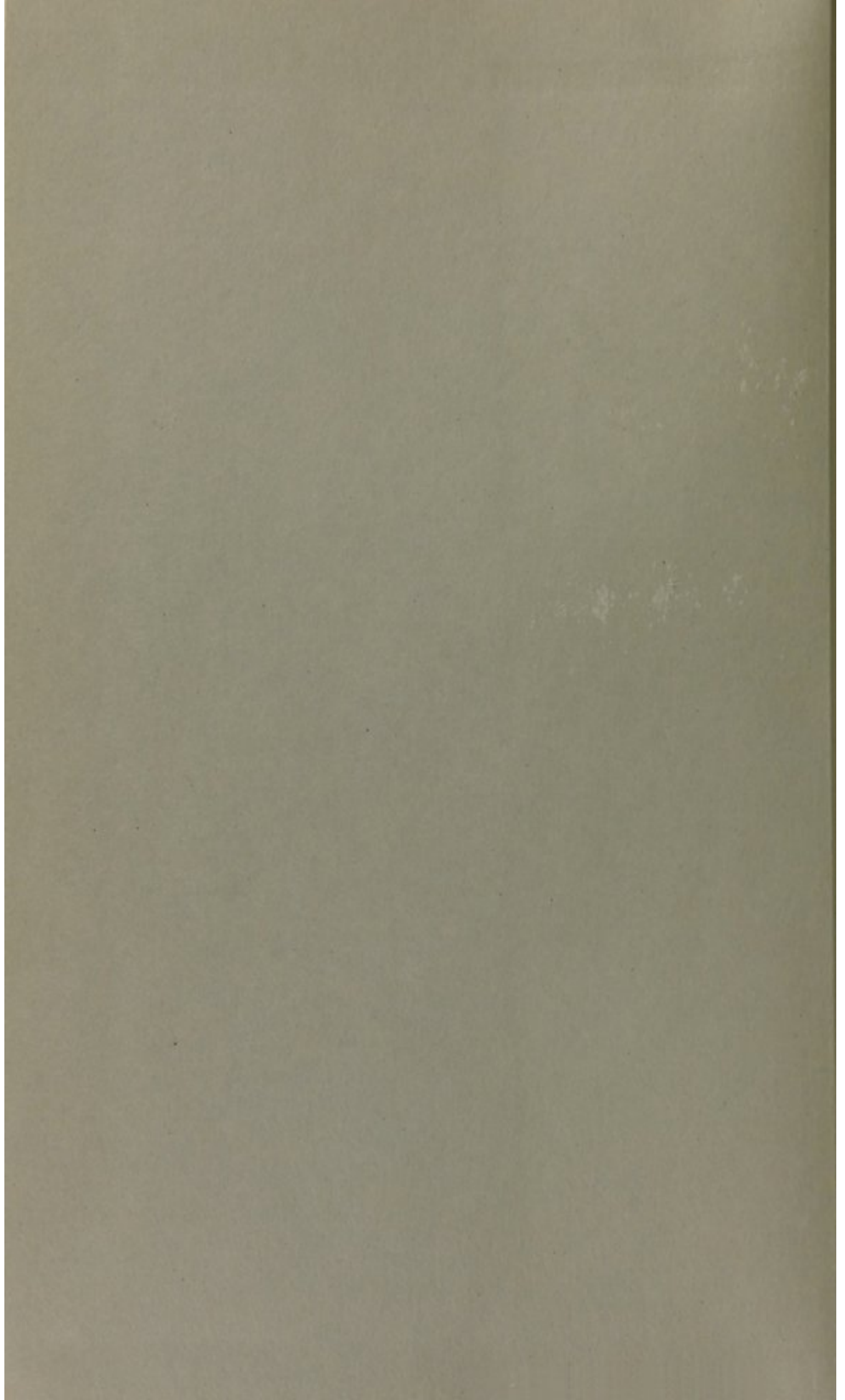
The third and last of the surfaces, to which the attention of the physician is directed, in the preventive, as well as curative plan for pulmonary consumption, is, that of the mucous or lining membrane of the digestive canal, or of the stomach and intestines. Appetite, is too often made a criterion of the kind and amount of food to be allowed to phthisical patients, whereas, owing to the morbid irritation of the stomach, so common with them, the appetite is a false one, and craves often, substances which this organ is utterly unfitted to digest. Andral, high authority on such subjects, says, "the frequency of gastritis (inflammation of the stomach,) in consumption, being well proved, it follows, as a necessary consequence, that it is only with the greatest care and attention,

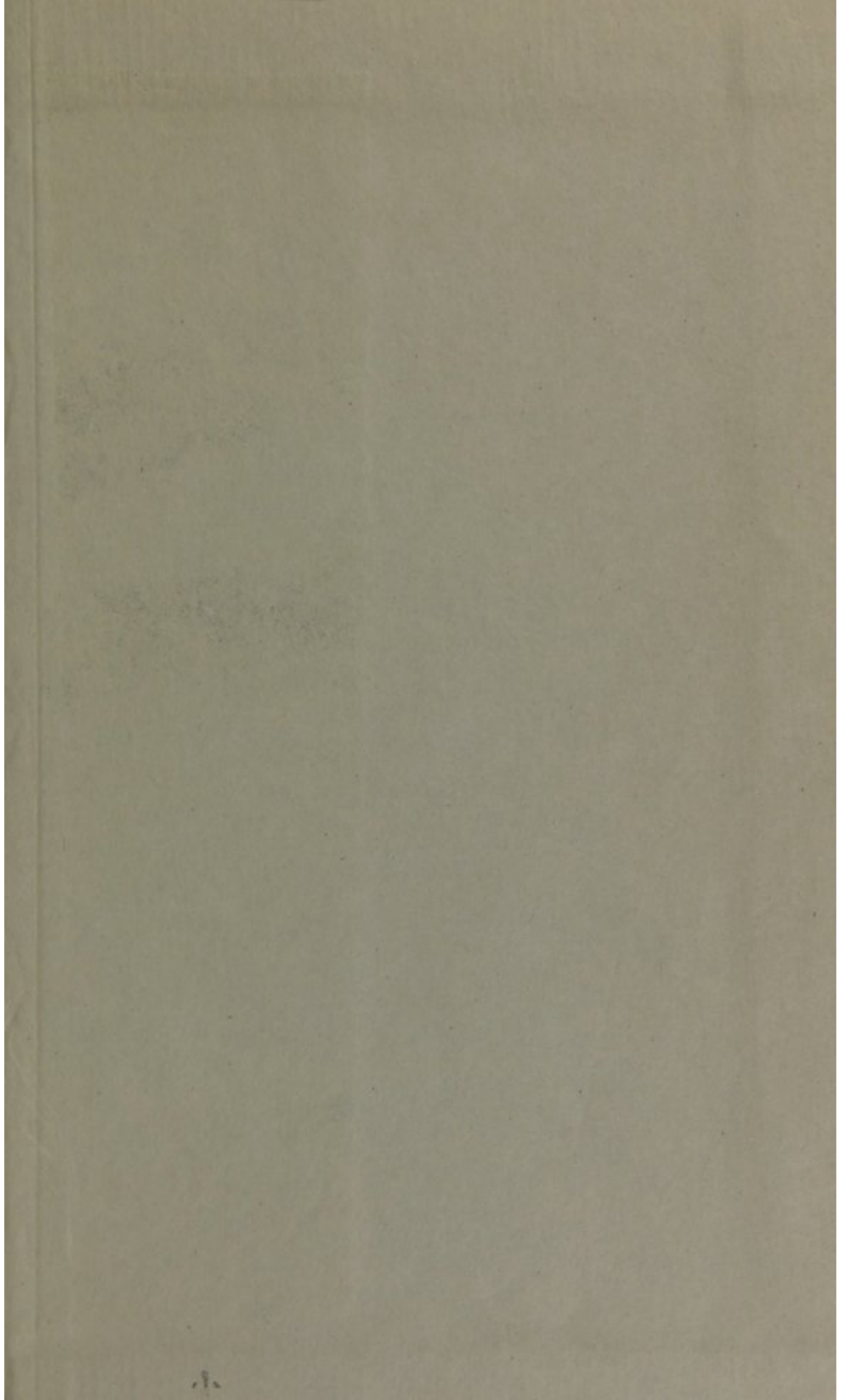
that we even venture to apply substances of an irritating nature to the mucous membrane of the stomach. Many of the inflammatory affections of this organ in plethorical subjects, are aggravated and rendered permanent, by being overlooked and left to themselves, merely because they give rise to no very prominent symptoms." Dr. Forbes makes the following commentary on this passage. "In reference to this complication, I would here merely allude to two very opposite, yet very common plans of *diet*, recommended in this disease, one almost entirely of animal food, with porter, wine, &c., and the other of milk and vegetable and farinaceous matters. In such a complication, the one (the latter,) must be proper, and if it do not tend to cure the disease, cannot at least accelerate its progress; the other (the former,) must be injurious in the highest degree, both in its present operation and future consequences." We fully concur, ourselves, in the opinion of Dr. Forbes, and we believe that a similar distinction and choice, are to be made in the use of medicinal substances, the soothing and sedative, being preferable to the stimulating and strongly perturbing.

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